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# LEHIGH VALLEY MEDICAL MAGAZINE.

THE JOURNAL OF

THE LEHIGH VALLEY MEDICAL ASSOCIATION.

PUBLISHED MONTHLY.

JUNE, 1901.

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# LEHIGH VALLEY MEDICAL MAGAZINE.

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JUNE, 1901.

No. 6.

## ORIGINAL ARTICLES.

### SOME LESSONS FROM RECENT OPERATIONS.

By DR. W. L. ESTES, M.D., South Bethlehem, Pa.

Laparotomies or celiotomies are so common and so uniformly without fatal result nowadays, that if some extraordinary condition does not exist, they are hardly worth taxing the patience of a medical audience unless they are done for some of the conditions which have quite recently been recognized as opening up new fields for abdominal surgery or are operations having some unique feature in technique or complication.

In the endeavor to cull from the list of recent operations at St. Luke's Hospital a few which might serve as a profitable basis for study and comment, I noted that from May 1, 1900, up to the present time there had been 95 celiotomies, divided as follows:

		Deaths.
Appendectomies .....	20	0
Removal of uterine appendages (frequently the vermiform appendix also) .....	14	0
Removal of uterine appendages, vermiform appendix with intraligamentous cyst .....	1	0
Explorations of abdomen .....	10	0
Radical cure of inguinal hernia .....	11	0
“ “ “ umbilical “ .....	2	0
Strangulated herniae .....	7	0
Ventrofixation of uterus .....	1	0
Hysterectomies (including removal of appendages and frequently intraligamentous cysts) .....	8	0
Cholecystotomies ( <i>Note.</i> —The case which died was in a very low condition when admitted, from sepsis. He had empyema of the gall-bladder) .....	6	1

		Deaths.
Ovarian cysts .....	2	0
Extrauterine pregnancy .....	2	0
Large cyst of pancreas, following injury.....	1	0
Gastroduodenostomy.....	1	0
Washing out abdomen and suturing perforation of ilium for perforating typhoid ulcer.....	1	1
Acute intestinal obstruction.....	8	5
	<hr/> 95	<hr/> 7

You will note that the cases of intestinal obstruction have furnished nearly the whole mortality. This is not to be wondered at, or I had better say that these cases are frequently fatal and one cannot wonder if he reflects that too frequently operations are postponed until the patient is almost moribund and the operation is simply undertaken as a last resort, with the idea of giving the last chance to an individual almost at death's door. My experience in cases of intestinal obstruction serves as an awful warning to physicians not to delay calling in a surgeon until every other means have been exhausted. Nowadays a physician should consider it his duty to associate with himself a surgeon, in managing these cases, at the very earliest possible moment after he has determined that any given case is one of intestinal obstruction. Personally I never feel like declining to operate even in cases of *extremis* because some wonderful results have followed, but these marvelous results are very exceptional and are not to be expected. Whenever a case has resisted all proper efforts to restore the function of the bowels for twenty-four hours, even if it is in a good condition and has had no fecal vomiting, a surgeon should be called in in order to consult about the advisability of an operation. In this connection I wish to urge the absolute harmfulness of administering drastic cathartics to cases of intestinal obstruction. Very mild laxative—small doses of calomel frequently repeated, followed by dram doses of magnesium sulphate every hour for four or five doses—I have found least harmful. If these laxatives do not act it is better to trust to repeated high enemas. A recently suggested experiment to be used in cases of obstruction after abdominal operations (I think recommended by Dr. Pryor, of N. Y.) is the introduction of oxygen gas under pressure into the intestines through

the rectum. The oxygen gas is valuable not only as a distending agent and thus may loosen adhesions, straighten out twists, loops, and reduce intussusceptions, but it also has a beneficent chemical action in oxidizing organic accumulations and thus prevents septicemia.

Three of the cases of obstruction resulted from carcinomas of the colon. Two of these cases were men and one was a woman. I exsected the growth in two cases and made artificial ani and in the other case left the growth and made an artificial anus because of the bad condition of the patient, who had almost universal adhesion of his intestines to one another and to the abdominal walls.<sup>1</sup> In two of these cases the descending colon was involved, and in the other the ascending portion near the hepatic flexure was the part affected. Exsection of the growth and reunion of the gut is an exceedingly difficult operation in the ascending and descending colon, because of the shortness of the mesocolon and the contractions which ordinarily occur on account of the growth. It is better in these portions to exsect the growth and make an artificial anus by sewing the ends of the gut to the skin through a small wound made in the region of the growth.

The special point I wish to make in recounting these cases is a suggestion of diagnosis. It has been my fortune to see a number of cases of carcinoma of the colon. I have invariably found them in middle-aged people; men are affected more frequently than women, as a rule. They are accompanied by a long series of indigestion symptoms, progressively increasing constipation, not much emaciation as a rule, very little cachexia, and scarcely any local pain to indicate their locations. As they are usually situated deep down in the lumbar regions it is very difficult to find them. In a middle-aged man who gives the history of having "trouble with his stomach" for several months (slow and difficult digestion with belching and gaseous distention) and who tells you he is becoming more and more constipated, and that he has had two or three periods of almost complete stasis of the bowels with great distention of the abdomen and colicky pains in the abdomen, perhaps accompanied by vom-

<sup>1</sup> Two of these cases died, the other recovered.

iting for a few hours—and then complete relief after a full evacuation of the bowels, I would advise you carefully to explore the lumbar regions for an obscure tumor, and finding this advise an operation at once. If the tumor is not found watch the case very closely and if he develops symptoms of obstruction advise operation at once.

Gall-stones are very common. I find that the more I see of these cases the firmer my conviction grows that early operations should be done for their relief. Indeed I believe in the near future hepatic colic will be regarded as a purely surgical condition, and that operations will follow close upon any attack which results in jaundice. Seven colicky pains in the right hypochondriac region, vomiting, jaundice, and then a succession of chills or chills recurring at irregular intervals, with malaise, and fever occasionally ; these conditions demand operations. The cases we have had to deal with this year have most of them been very serious and difficult cases. In one case the stone had ulcerated through the walls of the gall-bladder and had entered the liver and was found at the operation within a suppurating cavity in the right lobe of the liver. An uncomplicated case of gall-stones operated upon early is a comparatively easy operation and results in a rapid recovery as a rule ; cases of long standing have adhesions to the omentum and to the neighboring viscera, cause sup-puration, and frequently sloughing within the gall-bladder, and make very difficult and trying operations and as a rule are followed by tedious convalescence.

The two cases of extrauterine pregnancy were both interesting in themselves, and because they represented very opposite types of this exceedingly dangerous condition. One was in a girl of only 15 years of age. It was a ruptured tubal pregnancy. It had been diagnosed, as it well might be, as a case of appendicitis. I was myself greatly puzzled by the case before operation. I recognized the tumor as being in the broad ligament, but tubal pregnancy never occurred to me and I was astounded to find the hematocele and ruptured tube. The other case was in a woman of 38 years of age, who gave the history of a cessation of menses for seven months and then a violent attack of pain in the abdomen and a serious illness which was also thought at

that time to be a case of appendicitis. This was about a year before she came to the hospital for operation. She had recovered from her acute attack, was able to be up and about, but with an enlargement about her uterus and a good deal of chronic pelvic pain. Regular menstrual flow had been established. The physician who brought her to the hospital had diagnosed an ectopic pregnancy. Examining her before operation I found a cyst in the right broad ligament and a mass which moved with the uterus and seemed a part of the uterus extending upwards to the left. I concluded she had uterine myoma and an intraligamentous cyst. Upon opening the abdomen, at the time of operation, I found the omentum firmly adherent and covering in the whole pelvis and binding the intestines to the pelvic organs and to the parietal peritoneum. After exsecting the omentum I found two tumors; namely, the cyst in the right broad ligament and another which was hard and firm, and which I still thought was the uterus containing a fibroid, occupying the middle and left side of the pelvis. Everything was matted together firmly in the pelvis. The sigmoid flexure of the colon, the cecum and appendix, and the rectum were intimately connected with the tumors, besides firm adhesions to the mesentery. In trying to separate these adhesions I cut into a sac and evacuated some clotted blood; this gave me the first inkling of the true condition of affairs. I soon came upon a receptacle containing projecting bones and finally disclosed the adventitious sac which contained a mummified fetus and old blood clots (the fetus is thought by Dr. Kotz to be a five months' fetus). This sac was intimately connected with the left horn of the uterus, and the anterior fold of the broad ligament covered it in front; it had ruptured through the posterior part of the broad ligament and was united firmly to the rectum and pelvic peritoneum. It required an extensive and very careful dissection to separate the sac. It was necessary to remove the uterus to be able to clear out all the sac and to get at the cyst in the right broad ligament. Finally the whole mass, with the cyst, was removed. The pelvic parietal peritoneum had been very extensively separated, the large vessels and the right ureter were bared but luckily were not injured. Notwithstanding the extensive dissections the

woman had no bad symptom afterwards, and though she is not yet out of the hospital—the operation was done a little over two weeks ago—she is making a rapid recovery.

The early diagnosis of an ectopic pregnancy is sometimes very difficult, but no condition is more dangerous and the necessity of an early operation in few other conditions is more imperative. Cessation of the menses in a woman who had previously menstruated regularly, with the usual early signs of pregnancy and then persistent and increasing pain in the second month in the pelvis which is aggravated by walking, standing or lifting, frequent desire to pass water, and an intermittent discharge of bloody mucus from the uterus would lead one to suspect this condition. I have found the condition in women who have borne children and then had no pregnancy for several years. In such cases and with the above symptoms a careful examination ought to be made, when, if a round elastic tumor in one or the other broad ligaments, a soft enlarged cervix with *patulous* os, and uterus only very slightly enlarged are found, and the blue vagina, enlarged breasts, together with the usual subjective symptoms are present, I think it would be well to prepare the woman at once and operate as soon as practicable.

One of the latest triumphs of surgery has been the saving of many lives by operation after perforation in typhoid fever. Johns Hopkins Hospital has probably taken the lead in performing these operations. In a paper published only a short time ago, Dr. Osler took strong grounds in favor of operation even in apparently hopeless cases. As I have not his paper at hand I must quote from memory. I think he gave 11 cases of operation, with 6 recoveries, done at the Johns Hopkins Hospital in the last year or two. He showed what has been my experience in two cases, that a patient's condition is not made worse by the operation, that even desperate cases stand the operation very well, and that apparently hopeless cases may sometimes be saved. A search through the records show that since the 1st of May, 1900, up to the 13th of May of this year, St. Luke's Hospital has had 22 cases of typhoid fever. 14 of these were admitted since December 1st last. Of these, 12 have recovered, 5 have died, and 5 are still in the hospital and will probably recover. Of the 5

deaths, 2 occurred from perforation and 1 from large and repeated hemorrhages. One case had several large hemorrhages and yet made a complete recovery. One of the perforations occurred while the patient was in the hospital. It happened at night and was not recognized until the next morning when the patient was in a moribund condition and too late to operate. The other case was a very interesting and instructive one. A young man, 17 years of age, of previous good health, while attending Lehigh University, was attacked the latter part of February with what seemed to be the so-called winter cholera or intestinal gripe which was so prevalent for a time in Bethlehem. He was treated by Dr. J. H. Wilson, was not very ill, and after about a week was able to return to college, though he was not feeling well nor strong. Not being able to continue his work profitably he went home for a week or more and returned to college feeling better, but not well; a short time after his return he called to see Dr. Wilson, again complaining of feeling weak and good for nothing. In a day or two Dr. Wilson was summoned to see him at his lodging and found him complaining of severe abdominal pain; he had only a little fever, and had no signs of collapse. The next day his condition was very much worse and the indications pointed to a very serious abdominal involvement. Dr. Wilson at once suspected what had taken place and ordered him removed to the hospital. He was admitted March 28th, about a month after the beginning of his first illness. I was absent the day he was admitted. He was seen by Dr. Walker when he arrived at the hospital, and Dr. Walker concurred with Dr. Wilson in the belief that perforation had taken place. His condition improved somewhat during the day and operation was deferred. I returned in the evening and saw him very soon after my return. After an examination I was also convinced it was a case of perforation. At this time the boy was very weak, pulse 140 and very weak. Notwithstanding his extreme condition, with Dr. Wilson's concurrence, I determined to operate. Under ether the usual median incision was made, and as soon as the peritoneum was opened there was a tremendous gush of liquid fecal matter and quantities of sero-pus. The whole abdomen was full of fecal matter mixed with serum and pus; the intestines were

matted together by recent adhesions, but easily separable. The perforation was quickly located about a foot from the ileo-cecal valve. It was a large opening, easily admitting the tip of my thumb. The opening was rapidly closed by a double row of Lembert sutures and the abdomen thoroughly washed out by large quantities of hot normal saline solution. He became quite weak, almost exhausted, before the operation was completed, but he reacted under hypodermoclysis and active stimulation hypodermatically of strychnin and digitalis. He passed a fairly comfortable night and his pulse became stronger and of fairly good quality. The next day however, he showed that he was profoundly septic, and died in the early afternoon of acute sepsis. The operation gave him a few hours of comparative comfort and improved his condition, but the issue was almost a foregone conclusion. All observers and operators agree that in these cases an early, immediate if possible, operation is the necessity. Keen gave it as his opinion some time ago that it was best to wait for twelve hours and if then the case was not hopeless and had reacted from the first collapse of the perforation, then to operate. Since then he has quite changed his mind as a mass of statistics have shown that operations done immediately after perforation give the best results, and that comparatively few cases survive when operated on twelve hours after the perforation. In every case of typhoid fever the nurse should be instructed after the second week to watch carefully for manifestations of sudden violent pain in the abdomen, accompanied by or followed very soon by signs of collapse or great weakness. To the physician besides the foregoing signs and symptoms, a tense abdomen, not always a distended abdomen, but rather a spasm of the abdominal muscles, especially the rectus muscle, increased tenderness upon pressure over the abdomen, especially low down on the right side, dullness in the flanks, vomiting, and great restlessness would be further, and evidence enough to suggest at once an exploratory incision. If no perforation had taken place statistics show that the incision adds almost nothing to the gravity of the condition, and in several cases the patients have been saved from an impending perforation by the operator finding an ulcer already gone through all but the serous coat and bulging this almost to

bursting. Prompt sewing up of the ulcerated spot saved the patients.

Besides these abdominal operations there have been two nephrectomies recently which I think are of sufficient interest to deserve brief mention and record. Both these cases suffered from aching pains in the lumbar region for many months, had very little disturbance of their urinary functions which they could appreciate, they became anemic, lost flesh, and became so weak and ailing they were not able to continue their work. Examination of the urine showed pus, blood, and albumen. X-ray photographs taken of the first case was a poor result, but there was a suspicion of a small shadow in the kidney. Exploration showed a stone filling the whole pelvis of the kidney. The kidney was enlarged and there was such dense adhesions to the perinephritic fat that it could not be separated from the kidney capsule without tearing the kidney. The organ seemed so far degenerated that I concluded to remove it in toto, which I did. The patient made a good recovery. The second case, which was operated on only two weeks ago, was also photographed by X-rays. I did not see the plate as it was accidentally broken very soon after the negative was made. I was told by the photographer, however, that there was no sign of a stone. I thought I could feel an enlargement, however, in the locality of the kidney, and taking the symptoms into consideration, and as the man was very anxious to have something done, I agreed to explore. I made this exploration under chloroform and found a very much enlarged degenerated kidney, simply filled by a large concretion. The perinephritis had been so extensive in this case and the degenerated kidney was so large that I found I had to remove the organ and the whole of the investing fat *en masse*. This required exsection of the twelfth rib and a prolongation of the incision downwards and forwards almost to the anterior superior spine of the ilium. Even after this very extensive opening had been made, removal of the organ was extremely difficult because it was firmly adherent to the peritoneum in front and to the diaphragm above. Careful dissection was required to separate the kidney from these structures. Fortunately I was able to make the separation without opening the peritoneum and the whole

mass was removed except a small portion of the capsule which was densely adherent to the diaphragm and which was cut through and left *in situ* in order to complete the removal more rapidly and safely. The wound is now almost healed and the man is making a rapid recovery.

These cases are interesting because of the stones—the last one on account of its enormous size and because the X-ray examinations were in the first case, inconclusive, and in the second absolutely at fault.

# Lehigh Valley Medical Magazine

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LEHIGH VALLEY MEDICAL ASSOCIATION.

W. P. WALKER, M.D., Editor.

W. H. DUDLEY, M.D., Business Manager.

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## EDITORIAL.

(Special Correspondence.)

### A "Chiel" at St. Paul.

"A chiel's amang ye takin' notes  
And, faith, he'll prent it."

Because the American Medical Association accepted the invitation of the Saints, sundry other associations planned to meet at the same place and at about the same time. Possibly because, being strangers, they might prove to be *incognito* angels when entertained thus unawares. Be that as it may, a company gradually increasing in size as it wended westward, left the Eastern boundary of Pennsylvania on the afternoon of Decoration Day. The "Black Diamond Express" played the game of "snap the whip" to perfection as it rapidly rolled off the miles over the tortuous track of the Lehigh Valley Railway. The Michigan

Central, through the courtesy of Mr. W. H. Underwood, the G. E. P. A., had made every preparation for our comfort until we were consigned to the care of the Burlington people at Chicago, through the happy efforts of Mr. H. E. Heller, their representative in Philadelphia, and it seemed to be almost a crescendo of care as we journeyed westward. St. Paul was reached on Saturday morning. The very first experience at the station was an earnest of the hospitality to be shown; our entire party was conveyed to our various places of lodgment by private carriages provided by our hosts.

The American Academy of Medicine held a very interesting and successful meeting on Saturday and Monday. The Association of American Medical Colleges had an important meeting on Monday. In this association the legislative action is often more important than the papers presented and discussed. It has been trying to keep the medical colleges up to a proper standard, and the larger and more fully endowed institutions have been engaged in strengthening the required curriculum and in making the minimum conditions of a course leading to the medical degree in colleges, members of the association, all that is to be desired. This did not meet universal favor however, and naturally, for many of the smaller colleges are pinched by these requirements so far in advance of the facilities possessed by them for medical instruction. Through a lack of observance of parliamentary methods at Atlantic City last year, the legality of the action taken at that meeting was, at least, doubtful, and the struggle was on again for this year. The effort was made to materially strengthen the course. In these days of progress in medical pedagogics, it would be suicidal for any college to oppose any just plan having this purpose in view. The opposition usually devotes its attention to making loopholes in the regulations, by which they can assume the virtue not possessed and yet escape punishment withal. But this year, there was a new factor in the problem, and this was made use of to defeat the proposal to strengthen the course. The medical schools in the South, for the most part, have not published as high conditions for graduation as required by the Association of American Medical Colleges, which resulted in the organization of a Southern

Medical College Association. The reason for this was not a desire upon the part of southern medical teachers for a lower grade of physicians; contrariwise, they are as eager for the advanced culture as their northern confrères, but the poverty resulting from the South being the seat of the War for the Union simply made it impossible for them to incur the expense involved in the advances. Notwithstanding they had been making progress and now they were prepared to comply with the standard heretofore set up by the larger association. It was a question of advance with a devil-take-the-hindmost spirit; or of standing still and offering assistance to the weaker colleges, and securing one association in the place of two, which could not help being somewhat antagonistic. This latter course was determined upon by the association.

Last year, under the enthusiastic attacks of a young physician, interstate reciprocity in medical licensure was made prominent in the councils of the National Confederation of State Medical Examining and Licensing Boards. Not but that the question had been discussed before, for it had at almost every meeting; but that it was brought forward as the most prominent question before the confederation. After a full and free discussion at this meeting, it was demonstrated that the time is not ripe for agitating the question and the subject was dismissed and the committee discharged.

But the greatest interest centered around the sessions of the American Medical Association. It was impossible for your chiel to attend and report the many excellent papers of the dozen or more sections, and he will not select the papers of the section of his choice to the exclusion of the others. Suffice it to say that excellent work was done in them all. The general sessions afford material enough for all the space at command. Possibly the need for a revision in the organization of the association was never more clearly demonstrated; it would be hard to imagine more high-handed methods of seemingly transacting business, than those employed to secure certain ends. This comment is made not because the subject itself is objectionable to the writer, for in the main it was not. As the action taken is so important in its influence upon the association it may not be

amiss to record the matter in some detail. From the beginning the American Medical Association was designed to be a delegate body. Under the old organization the affiliating bodies were privileged to send one delegate for every ten of their members. This sending of delegates involved no responsibility upon the various societies sending delegates. Each delegate paid his own fee, and could continue as a permanent member by paying the annual dues. But permanent members, if not also delegates, had no right to vote. While the members in attendance were comparatively small, this worked very well. As the size of the annual gatherings increased, the body became unwieldy. In the transaction of business, when there was no special opposition, there was no necessity of inquiring as to the status of those who were voting. When subjects of great importance were discussed, about which there was a marked difference of opinion, the passions were appealed to rather than the intellect, and the vote was swayed by sentiment rather than reason, and a very small clique was able to prevent action on any question by demanding a call of the roll which, because so seldom requested, was never prepared.

Various efforts have been made to effect some changes to improve this method, for the most part unavailing. The association may be roughly divided into three divisions: (1) Those who attend for mutual improvement (the regular attendants upon the section meetings); (2) those who attend more for a good time and social relaxation than any other reason; and (3) those who desire to run the machine. These classes merge imperceptibly into each other. It is said that the influence of the latter class prevented any reorganization of the association. A few years ago, however, a very inoffensive resolution was adopted, constituting a Business Committee (afterwards known as the Executive Committee). This committee was made up of three members from each section, the chairmen of the sections each serving three years. To this committee all business was referred before the association could act upon it, and while the recommendations of the committee were not always accepted by the association, it expedited business, steadied the general sessions, and was working great improvements, as was evident from the greatly

increased popularity of the annual meetings. One other item of history; at the meeting for 1900 a Committee on Reorganization was appointed, consisting of a smaller division to formulate the report and a larger division of one person from each state to act as an Advisory Committee. Shortly before the meeting the report of the committee proposing an entirely new constitution was circulated quite extensively.

The air was filled with rumor as we approached St. Paul, and as these notes strive to portray the meeting itself and not merely to give a lifeless outline of the things accomplished, attention must be paid to these rumors. It was said, that the politicians seeing that their rôle would soon be that of Othello, were the operations of the Executive Committee to be allowed to continue, had devised this scheme of reorganization. Attention was also called to the visit of the president to the recalcitrant members of the profession in New York and his efforts to heal the breach, and then it was whispered that the code would be modified in some occult way in order that the president might deliver the goods according to the terms of the contract entered into by him and the New Yorker's aforesaid. On the other hand the proposed revision met the approval of many.

Such was the temper of the meeting and such the expectancy when the association assembled on Tuesday, June 4th. The president's address did not seem to allay the suppressed excitement. He opened with the usual words of thanks, mentioned the death of three of the ex-presidents within a single week during the year, and suggested that steps be taken to procure suitable portraits of these and other deceased presidents. He then spoke of the meetings of other societies who received delegates from our own; spoke of the marvelous increase in circulation and financial resources of the Journal, called attention to the fact that the aggregate circulation is two and a half times greater than the total membership, and wondered why this is so. His next topic was the scientific work of the association, while great advance had been made, still "It would redound largely to the interest of our annual session if the general membership could be entertained and instructed at our general meetings by exercises of a more purely scientific character of such broad nature that

they should not be restricted to any of the sections." Whether this sentiment is to reflect upon the character of the annual addresses at these general meetings your chiel canna say : he thinks not however, it was but the sepia of the cuttle fish. He then turned to the congressional and state legislative action during the year, which led to a study of the profession, the association, and the commonwealth. He spoke of this relation as a process of evolution, as determined "by laws as immutable as those which govern the commingling of atoms or the sidereal strides of the planets." This latter metaphor is somewhat of a blot on an address of excellent diction. Stars do not stride, and planets are not stars. He then sketched the social relations of the physician to the community at the time of the organization of the association, the reason for the adoption of the rules of conduct (with the skill of the orator, he never once makes mention of the code of ethics by the name usually given to it), and shows how that these rules were not accepted by all of the state societies at the time of their adoption by the association. Continuing the historic review he shows how physicians in various states have deliberately violated the express language of the code, which New York assayed to avoid, only to meet the condemnation of the association for doing as Massachusetts, Rhode Island, and Mississippi had always done without being called upon for explanation. This part of the address is a powerful arraignment of the inconsistencies of the vast majority of code defenders ; it is a pity that the recommendation in the address that "the general question of the revision of the rules of conduct be referred to a special committee on ethics, consisting of three members, with instructions to report \* \* \* at the next annual session of the association," failed of adoption. The address, in conclusion, urged the adoption of the new constitution at this meeting.

It is evident from this address that rumor had some foundation on which to build its startling reports, and that the staid and conservative were horror-stricken at the iconoclastic suggestion of the president.

After the transaction of some important but not exciting business, one of the vice-presidents presiding, the report of the Com-

mittee on Reorganization was called for, and then the fun began. A motion was immediately made to refer the report to the Nominating Committee, and amendment and protest followed fast until the whole caucus was tied into a knot that would have dulled the edge of Alexander's sword to undo. But, and this was soon made manifest, the method of procedure was carefully cut and thoroughly desiccated; if planning and lungs were to avail, the new constitution was to be declared adopted because of the vote or in spite of it as the case might be, and there was no leader of experience and self control to check the flood of mob rule.

A brief report was read, and a man who had his resolution written out was recognized, although he was not the first to address the chair; his motion finally prevailed, and the report was referred to a committee consisting of the Executive Committee, representing the sections, and the larger Committee on Revision representing the states, with instructions to hold a session during the day and listen to arguments for or against. It was afterward publicly stated that the hearing given by the committee was fair and courteous to all. This statement was not accepted by all and the chiel has a note of one who said that only those who were favorable to the plan really obtained a hearing. This was said by a man whose reputation for honorable dealing and veracity is as high as any member of the association. As the chiel did not attend the meeting personally he is unable to determine which statement is more nearly accurate. Some changes in the printed report were made by this committee. The amended constitution was read on Wednesday, this time the president in the chair. Rumor held a field day again. All sorts of wild things were to be done; it was said that the presidency was offered to a pronounced opponent of the plan, were he only to move its acceptance. The report was read, and chaos seemed to be impending. But out of the many motions, a motion to adopt the constitution and by-laws was made and a *viva voce* vote taken. The chiel abstained from voting that he might the more fairly determine the relative volume of sound, and he agrees with the chair that the yeas made the most noise; he respectfully dissents from the opinion of the chair expressed

the next day, that the constitution was adopted by practically a unanimous vote. The chair declared the motion carried, no one appealed, and then to make a show of legality it was moved to reconsider and to lay the motion to reconsider on the table (but one motion) which was adopted. It is the chiel's honest belief that the constitution could have been adopted by a constitutional majority of the delegates present, and that the objectors would not have been obstructors, and it was pitiable to see a man thought enough of by his fellows to be elevated to the presidency of the largest representative medical society in the United States, turn a deaf ear to all who addressed the chair that were not primed with their little speech or motion. This is not alone the observation of the chiel, but the expressed opinion of many. No matter how much he may have desired the passage of very desirable legislation, he was elected to conserve the law and not to lead a lawless mob. The constitution of the American Medical Association provides (present tense, not past for should any one take the pains to secure a judicial decision on the subject, the new constitution would not be sustained) that only delegates shall vote. No effort was made to ascertain whether those shouting were even connected with the association; it also provides that amendments to the constitution must lay over for one year (but possibly an entire new constitution is not an amendment), and must receive a two-thirds vote of the delegates voting. The volume of noes was sufficient to make it evident to the unprejudiced mind that many more than one-third voted against the motion. No action, however generally concurred in, can legalize an illegal procedure; the new constitution is the result of a revolution, not of an orderly procedure. No public protest was made against it, the growlings were deep but private, many felt very sore. Perhaps it was a justifiable revolution, but revolutions are not pleasant occurrences at their best.

A sequel to this occurred the next day. If the rumored secret treaty between the New York new code men and the president was a reality, he was certainly faithful to his promise both in his address and in his rulings regarding the new constitution; there remained the code. The Executive Committee reported on

the recommendations of the president's address on Thursday. Among these was that appointing a Committee on Revision of the Code. An effort was made to adopt all of the recommendations of the committee on other subjects as well as on the president's address by one motion but this signally failed. There were too many devout worshipers of the *ipsissima verba* of that worthy document, around which the faithful gather to reverence, and then, departing, to infringe on every principle. The recommendations were taken singly, and when this one was reached, one of the most accomplished parliamentarians of the association took charge of the opposition. We have done enough railroading he said. Indeed his speech reminded one of the milk man who grew rich by serving his customers using a scant measure, and out of his profits purchased a grist mill; repenting of his former evil practice, he determined to make amends by having his measures, with which he measured his toll for grinding, made larger than standard. "We have had enough railroading," he said, "and I have helped in it; now let us go decently and in order. If the old code is to be put aside, I can stand it, but let us see if we want to put it aside; I demand the roll-call," whereupon the secretary arose, having in his hand a good-sized blank book. "I wish to know, Mr. President," continued the parliamentarian, "What roll it is, the secretary is to use? Is it of last year's meeting or some other meeting?" to which the secretary replied "In this book, and in this," pointing to another on the table by his side, "are copied the names of all the delegates registered at this meeting, about 1300 in all." It was pitiable to see the change of front of the parliamentarian. The demand for the call of the roll was not made in good faith, for he thought it could not be furnished, and he turned with a weak plea to the house. This roll-call, he said in effect, will take all the time of our session, and while we on our side will demand it if necessary we appeal to you to spare us the necessity and save us the time. How are the mighty fallen! were the code of ethics all that he claimed it to be, why not meet the issue squarely and debate it on its merits? Besides, what right had he to assume that even the most ardent advocates of revision desire to alter the principles embodied in the present code, but only to change its wording to

meet the present day social conditions? The snarl was untangled by a motion to postpone the roll-call until next year, and thus to add another year to the agitation and division in the profession. If rumor told the truth about the president's deal, he was unable to deliver the goods.

Your chiel was compelled to leave St. Paul before the general session on Friday and cannot give an account of that meeting, which, usually, is comparatively small. The newspapers say a resolution was adopted recommending the restoration of the canteen to army posts. Apart from the merits of that question, a passage of a resolution of this kind at the last session is another illustration of the necessity for the change in the constitution so forcibly made at this meeting. A society in which the elder N. S. Davis so long held an almost controlling interest, would never unanimously pass a resolution of that kind were it properly placed before it and calmly discussed. The whole contention in these notes is not as to the merits of the changes but the lawless manner of securing them. The association elected Dr. John Wyeth, of New York, to the presidency and selected Saratoga Springs for the place of the 1902 meeting, when the new constitution will go into effect. 1806 were registered as in attendance.

This letter has been so largely political, that little space remains for the social features. The section banquets were well attended and enjoyed on Tuesday evening. By grouping several of the smaller sections, each one had a banquet. On Wednesday five of the beautiful homes on the magnificent Summit avenue were opened to the association, and a smoker given, possibly for those who were not inclined to the more formal receptions. On Thursday evening the physicians of Minneapolis gave a reception and ball in the Armory of the University of Minnesota, at which time the buildings in the University were thrown open. Besides there was any amount of the generous whole-souled western hospitality shown on every side.

The journey home was begun in the morning, in order to view the beauties of the Upper Mississippi, and indeed it was a fair sight to behold.

A brief stop over was made at Buffalo to take a peep at the

"Pan," and a magnificent sight it is, especially when seen at night, and then another experience with the Elfin curves of the Lehigh Valley and home.

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### NEWS ITEMS.

The Summer Meeting of the Lehigh Valley Medical Association, will be held on Thursday, July 25th, at Mauch Chunk, Pa.

Announcement cards containing the program will be mailed to members within a few days.

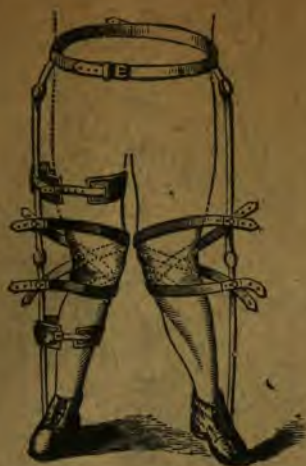
It is announced that the dates of the next meeting of the Mississippi Valley Medical Association have been changed from the 10th, 11th, and 12th of September to the 12th, 13th, and 14th of September. This change has been made necessary because the dates first selected conflicted with another large association meeting at the same place.

The meeting is to be held at the Hotel Victory, Put-in-Bay Island, Lake Erie, O., and the low rate of one cent a mile for the round trip will be in effect for the meeting. Tickets will be on sale as late as September 12th, good returning without extension until September 15th. By depositing tickets with the Joint Agent at Cleveland and paying 50 cents the date can be extended until October 8th. This gives members an opportunity of visiting the Pan-American Exposition, at Buffalo, to which very low rates by rail and water will be in effect from Cleveland.

Full information as to rates can be obtained by addressing the secretary, Dr Henry E. Tuley, No. 111 West Kentucky Street, Louisville, Ky. Members of the profession are cordially invited to attend this meeting.

Those desiring to read papers should notify the secretary at an early date.

**"Rudolf Virchow Fund."**—On October 13, 1901, *Rudolf Virchow* will be eighty years old. When he completed his seventieth year a fund was started in his honor to enable the great master to facilitate scientific research by establishing scholarships, and by encouraging special medical and biological studies. Contributions to that "*Rudolf Virchow Fund*" were furnished by those in all countries interested in progressive med-



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